Routines, Limits and Anchor Points

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Introduction

This booklet was first published in 1956 and reprinted in 1974. I still find it useful because of the detailed approach to everyday issues and how these can be used therapeutically. At the time this was written there weren't the same concerns as there are today in relation to the physical management of children and smoking, for example. Allowing for these differences, there is much that is worthwhile within this booklet.
Browndale was a Canadian organisation that ran several small treatment homes for emotionally disturbed children. I don't know if they still exist.

John Whitwell

ROUTINES, LIMITS AND ANCHOR POINTS

By John L Brown, FRSH, ACSW, AGPA. Founder of Browndale.

In the residential treatment centre, in the therapeutic community, in the therapeutic family, the management of the child throughout the day is perceived and organised around concepts known as routines, limits and anchor points, which will be fully explained in the sections below.
This is not meant to be a total and final conceptualisation. It is meant to be a useful way to organise the daily living of disturbed children who frequently destroy our best efforts to provide tender, loving care by the manner in which they respond, or refuse to respond, to the way we organise the daily events of their lives.

If a child is allowed to disrupt these important communications of our good intentions, our wise insights are wasted in a fruitless struggle which both adult and child lose.

Routines

If a child is to function as a human being he must participate in certain routine activities each day: he must get up, get washed and dressed, eat, go to school or engage in some type of social exchange, got to bed. This is true for the ‘normal’ child; it is equally true for the emotionally disturbed child. Since routines are life-essential activities they are not negotiable. But staff should take care to handle them in a manner which helps the child participate in them with a minimum of conflict and upset. Wake-up, mealtimes, bedtimes should never become arenas in which staff struggle with a child. Confrontations can come later in the day, at a time chosen by the staff around activities that are not so essential. During routine activities, all energy and effort should be concentrated on successfully accomplishing the task at hand.

It is helpful if the staff are consistent in their handling of routines so that the child can predict what is going to happen and anticipate what is expected of him.

Wake-up

Waking up can be particularly difficult and painful process for emotionally disturbed children because their past experiences have not led them to expect anything good from the coming day.

The goal of the staff person doing wake-up in a residential treatment centre is to create in the child a ‘readiness for engagement’. She should respect the child’s reluctance to engage and be sensitive and tactful in her approach. The atmosphere created at wake-up will set the prior conditioning for the kind of functioning the child will be able to attain during the day.

In her initial contact with the child, the staff person should go quietly into the room, draw the curtains to let in the light and sounds of the day, tidy up bedtime snack remnants.

She should not speak to the child unless the child speaks to her first. Through the change in the intensity of the light against the eyelids and the sounds of the staff member moving quietly around the room, the idea is presented to the child that night is over and day has begun. He needs a little time to get used to this idea.

The next stage should be verbal contact. But talk should be generalities that don't require an answer. She might tell the child it's a sunny day, or it's raining; remind him that it's a school day, or it's Saturday and some treat is in store. Now the child has entered the transitory stage between waking and sleeping. He is conscious but not engaged. The next step is to encourage him to tie in to the activities of the coming day. How the staff person does this will depend on her relationship to, and knowledge of, the child. She might bring him a sliced orange, or a warm washcloth to freshen his face; she might give him a light kiss or a cuddle; she might ask him what clothes he would like to wear today, or what he would like for breakfast.

The purpose of wake-up is to get the child out of bed – under his own steam, if possible, for the sake of his ego. But if all other approaches fail and the child is unable to mobilise himself, he should be physically helped out of bed and onto his feet.

Personal appearance

Children should wash themselves on rising, brush their teeth, comb their hair and perform all the other usual activities of personal hygiene and grooming. The staff should see that they are adequately and properly clothed.

Some children will be able to assume greater responsibility for their personal toilet than others. Staff should know which children need complete parenting to achieve the required standard of cleanliness and good appearance consistent with a good self image and which children can be expected to assume some responsibility for this, though they might need help at special times.

The child sees himself through the eyes of the adult who cares for him. This is communicated by the adult in all the care functions related to the child's physical well-being and appearance. The adult must be concerned to communicate his love and pride in the child's being in enough strength to overcome the child's own poor image of himself and his general despair at his worth.

Leaving for school

The launching of the child from home base into any activity in the community needs to be carefully prepared.

The child has been functioning in the setting of the residential treatment centre. Now he has to go through a transition stage to functioning in another set of circumstances, according to a different set of rules, with different people.

He is going into a situation in which he will be expected to function at a higher level of performance. So the launching must contain not only the blessings for going but also the reassurance that he can return to home base. The parting gestures, the way in which the staff person prepares the child to go to the door, to go out of the door and down the walk, must be related to a reassurance on some level of communication that the staff member will be there, the house will be there, everything in the house will be as it was, when he returns.

This is important for any child and you can see this 'anchoring' process going on in ordinary families when a separation takes place. With an emotionally disturbed child the process is even more important because an emotionally disturbed child usually has suffered a series of placements. He has been moved from one foster home to another or from one institution to another, without warning or preparation. He has been conditioned by his life experiences to expect that somewhere along the line, things will change without warning. He isn't used to the concept that you can go away from some place or person in a predictable fashion and take it for granted that the place and person will be there, waiting for you, when you get back.

It is therefore even more important for the disturbed child than for the ‘normal’ child to experience this ‘anchoring’ process so that he can stretch out toward whatever it is he is going toward, secure in the knowledge that he can follow the thread back and find the relationship and objects with which he is familiar in the state they were in when he left them.

How can a staff member provide these anchors? When a child is secure in a love relationship with the parents, a relationship in which the parent is invested deeply – but on an adult level – with the child, the child knows these things. He is secure in the unspoken knowledge that no matter where he is physically in relationship to the adult, the investment remains constant and secure.

But with an emotionally disturbed child who may never have had this relationship with an adult, separation from the caring adult is always equal to loss, and the separation must be preceded by certain anchoring devices that tie the child to the caring adult. This is done in a number of ways: with physical affection; by helping the child with his outdoor clothes, helping him find his gloves, the books he needs for school; by standing at the door or window to wave to the child as he goes down the road.

It is important that the child going into the community takes with him a feeling of love, support and acceptance – not conflict and anxiety. He should not carry with him into the community preoccupations around problems of his relationship with the parenting person. He should be free to deal with the events he engages in, the people he meets during the course of the day. If the parenting person has done a proper launching job, she will have freed the child to operate at his optimum level when he goes out to function in the outside world.

Mealtimes

Mealtimes should be approached with special tactfulness and concentration. They are the most emotionally laden periods of contact between caring persons and child through the day.

A child should not be forced to eat, but the caring adult should be prepared to spend a great deal of time coaxing and urging him to eat.
In nature, it is normal for a child to eat if he is hungry. Refusal to eat is always an indication of a serious breakdown in relationship between the child and the caring adult. Emotionally disturbed children frequently test the adult's concern for them by creating issues around eating. The process of eating has psychological implications that when we eat we take something from outside ourselves, into ourselves, and make it part of us. It is obvious that a child will not take happily into himself without some kind of protest that which is contaminated by anger, distrust, disdain, rejection.

What is not so obvious is that the emotionally disturbed child who feels undeserving and worthless may have to reject food given in love as being something he doesn't deserve. We are lucky if this happens because we can then join the battle to convince the child of his worth, his usefulness, his lovability, in an area which contains our most powerful aids and opportunities for communicating our love for and investment in the child. So we fuss and extend ourselves in all the creative ways we can think of. We surround the child with tiny titbits and morsels – delicious, appealing, tinged with love, appreciation and tactful, non-verbal communication of our belief in the child's worth.

Of course, food should never be used as a punishment and should never be withheld from a child. The need for sustenance is independent of behaviour. Each living human being has the right to nourishment consistent with his need. In a relationship of love, this right can never be dallied with. Regrettably, there are institutions which nutritionally engineer special diets for children and then have staff violate the child's right to food by demanding food be a reward for good conduct.

Disrupting behaviour at mealtimes means that the child wants reassurance that the staff person really does want him to be nourished and cared for. The question in the staff person's mind should be: "How can I reassure the child that this is what I want for him in a way that will enable him to respond?"

Whenever a child indicates directly or indirectly that he wants to be fed the staff should do so. If possible, the staff person should hold the child on her lap to feed him.

Anticipating or ‘talking up’ mealtimes in advance can help make them routine, trouble-free times which the child can depend on. It is also important for staff to gear activities so that they are finished in time for the child to wash his hands and in other ways get ready for the meal.

Breakfast

The most important meal of the day is the first one. Eating a good breakfast strengthens an individual in his being so that he goes out into the world an intact organism, ready to deal with whatever situations arise during the day.

Food plays an extremely significant role in the morning wake-up programme. A staff person may bring a child something to eat or drink at his bedside, or ask him what he wants for breakfast, or the child may volunteer this information.

A variety of foods should be available for breakfast time. It is not good communication to say to a child first thing in the morning: “You can’t have that” or “Sorry we don’t have any of that”.

When a child chooses what he will have to eat for his first meal of the day, he is re-establishing his own entity. It is a process that helps individualise him.

Lunchtime

Lunchtime is in a sense a “decompression” period. After having spent two or three hours in school, or taking part in other activities, conforming to outside community rules and expectations, the child returns to his home base for a brief period of time.

He must be brought in from one level of expectation and performance, be quickly allowed to orient himself to another level of expectation and performance, be re-energised and launched back into the previous activity.

His great need is to ‘refuel’ as a racing driver refuels. After making a certain number of laps around the track, the driver comes roaring into the pit and relaxes while everyone else moves in to perform the necessary functions. The focus of the activity is not on the stop, but on getting back into the race.

In the same way, the emotionally disturbed child who comes home to lunch after a period of functioning in the community during which time he has had to conform, to keep his frustrations or anger under control, needs to let down and relax completely. The child should be given no responsibility from the moment he comes in through the door. If he needs to ventilate the anger and frustration that has built up inside him and which he couldn’t ventilate in school, the staff person should trigger the explosion and help the child express his impulsivity so that it does not interfere with his performance during the afternoon. Then the staff person should nourish the child, show him the concern she feels for his well-being, and prepare him to go out and face the outside world once more.

Mail

Mail is one of the most important extensions of the child. To ignore the urgency or importance of mail is to ignore the child.
Staff should make sure that the children get mail addressed to them as soon as possible and there should be no delay in stamping and mailing letters which the children write to their families or friends or – as is common in our culture – to the many advertisers who offer the wonders of the world. These are important extensions of the child into the world beyond himself and their value is as great as any other new encounter or challenge which the child might personally go forth to meet and react to.

Bedtime

At bedtime, the child goes from engagements and contacts of daily life activities to the isolation of sleep and the world of wonder and terror that comes to him through dreams and nightmares.

In the daily routines and experiences the child finds islands of contact that give anchors and focus to his activities. He clings to these because they give him support and reassurance.

Bedtime should be a process during which the staff person gradually and gently gets the child disengaged from activities in the house, into his own room, then into his bed, and, finally, snuggle down into the comfort and security of sleep. It is important that the staff's contacts with the child as zero hour approaches should not be of a nature that will create anxiety or a feeling of rejection. The focus should be on humanising experiences that help allay his fears of being 'undefendedly asleep' in an often unpredictable world.

With children who are particularly anxious about bedtime, it is a good idea to have a countdown. This should start at whatever time the child begins to exhibit anxiety around bedtime. At intervals, the staff should remind the child of some pleasant happening associated with bedtime: the story that will be read, a special bedtime snack, the amount of time remaining before getting into night clothes, taking a bath, or lights out.
At intervals during the day, the staff person should make light casual reminders which will help the child get used to the idea of bedtime. The time between these intervals can become shorter as bedtime gets nearer. So the staff person might tell the child he has an hour to play before bedtime, then half-an-hour to finish whatever activity he is engaged in, then 15 minutes to clear up his toys, or hobby materials. If this is done, bedtime doesn't come as a sudden shock to the child.

Large muscle games during the early part of the evening provide an outlet for excess energy and release from tensions. Then the child should be encouraged to settle down to quiet games or activities in the house. Then he should be playing in or around his bedroom, then getting undressed, bathed and so into bed.

The staff person should spend a little time examining the child's hands, feet and body to see if there are any cuts, or bruises that need attending to. Careful attention to bodily needs reassure the child that someone cares for him and will look after him.

Sleep is a natural consequence of a series of benevolent, retrogressive experiences that gradually detach the child from the reality of the object world around him in a human, reassuring way.

Since the state of sleep is a state of almost total withdrawal, the staff person can encourage sleepiness in a child by doing everything within her power to ensure that the child feels safe in withdrawing, and also, as a practical measure, by gradually reducing the amount of stimulation the child is receiving from the world around him through his sensory modalities.

The first task is to reduce the amount of communication the child is receiving from the world around him through his eyes by dimming the lights in the bedroom area. Noise in other parts of the house should be kept to a minimum. In talking to the child in the bedroom, the staff person should progress from talking in a normal tone of voice to talking in a soft voice, a whisper, then silence. Lights should be gradually dimmed until the room is in darkness.

In her final communication with the child, the staff person should rely on the most primitive, basic communications of all: touch, warmth, comfort. She should plump up the pillows, tuck in the blankets around the child's fee, then she might, depending on her relationship with the child, relax him into sleep with a gentle caressing but certainly not a stimulating caressing. The most important ingredient of a soothing, positive bedtime experience is the presence of an adult the child feels he can trust.

Other styles of living may have different routines but these examples represent our routines.

We now enter into a discussion of behaviour that is unacceptable on any basis and which we cannot tolerate under any circumstances.

Outside Limits

Outside limits are rules on which there can be no negotiation because they concern areas in which the safety or well-being of the child is at stake.
An outside limit is involved if a child is either endangering himself, another person, or property, in a way that will have lasting consequences; or is acting in a fashion that will jeopardise his position in the community or his continuing stay at the treatment centre.

In the handling of routines conflict should be avoided, but in the handling of outside limits the point at issue should be approached directly and the handling must be absolute. No alternatives can be offered. For example: you would not tell a child who is hitting another child over the head with a baseball bat that he will lose a week's allowance if he doesn't stop because this would give him a choice: he could stop hitting the other child and save his allowance or he could forego the allowance and go on hitting the child. Such a choice doesn't protect the child being hit or the child doing the hitting. The staff member must step in and, if a verbal command fails, take the baseball bat out of the hands of the aggressor with great haste and definitive action.

Getting Up

On days when a child is going to school or work he must be out of bed by a certain time.
If the special handling of the wake-up routine fails to mobilise him, the situation becomes an outside limit.

At this point the staff person should lift the child out of bed and stand him on his feet. This should not be done harshly or punitively and no threats or penalties should be offered. It is simply a question of the adult providing the motive power that the child lacks at that particular time.

Getting dressed

If the child gets up but refuses to get dressed, and not getting dressed would interfere with normal, daily functioning, the staff person must dress the child. Again, there should be no coercion, no threats. If the staff person has assessed that the child is unable to dress himself she should dress him as easily and efficiently as possible, with a minimum amount of turmoil but with a certainty that will convey to the child her determination to provide the necessary energy that the child lacks at this time.

Personal Appearance

Emotionally disturbed children often like to present themselves as abandoned objects, deserving pity. They sometimes try to symbolise to the broader community by the way they dress the inner feeling they have of not being loved or cared for.

It is essential that the adult responsible for the child concern himself with the child's appearance outside the house. He should make sure that the child is adequately covered, that the clothes he is wearing are suitable for prevailing weather conditions, and are not likely to provoke ridicule or retaliation from the community. With teenagers, it should be remembered that the standards of their peer group are more important than the standards of the older, more conservative members of the community.

It is a normal routine to check a child's appearance before he goes out into the community. It becomes a limit if a child refuses to altar his appearance after the staff has assessed it as unsatisfactory.

At this point the staff must physically detain the child, take him to his room or the bathroom and make the necessary changes. No penalties or threats should be given. The staff person just steps in and takes over in the absence of the child's ability to handle the situation himself.

Leaving for school

There are times when a child, though washed, dressed and in every way ready for school, is unable to mobilise himself to step outside the house. This cannot be an area for debate or contention. The staff person must take the child by the hand and walk him as far as is necessary to get the child's 'engines' running.

Safety

Emotionally disturbed children occasionally expose themselves to danger to test staff reaction or dramatically demand staff attention.
In this type of situation the staff person has to determine what the child wishes to achieve and the reasons involved.

Often situations like these can be handled best by sensitive ignoring. If ignoring the situation will bring the child out of the danger zone, this is what the staff person should do, while keeping an unobtrusive watch on the situation.

But if the danger is real and immediate, or if the child is so inexperienced he does not recognise the danger, or so impulsive he might intentionally hurt himself or another child, then the child must be removed from the danger zone. If a child can get out of a window or climb up on the roof, so can the staff. But care must be taken not to provoke the child into taking the step he is threatening.

Removal of the child from the danger zone should be followed by a careful – but not punitive – discussion with him on why he did what he did, but without making much of it or providing him with rewards.

Smoking

Usually, certain areas of the house are designated no-smoking areas. If a child lights up a cigarette in a no-smoking are he should be told to put it out; if he refuses, the staff must remove the cigarette and put it out.

If the child continually smokes in a no-smoking area, the staff should make an effort to discover the real cause behind the smoking violation and get it acted out in another area.

Swearing outside the house

Our aim is to make the treatment centre an area in which the child can function and express underlying feelings, angers and impulses. Therefore we permit children to swear and use language not normally condoned in the community.

This does not mean that staff members approve of what the child is doing or saying. Staff members should make sure they have this distinction clear in their own minds. It does mean that the staff establish at all times the child's freedom to swear and use obscene language within the walls of the treatment unit and the expectations and prohibitions against doing it outside.

From time to time a child may lapse. But if it is just a slip he will indicate this by his own disapproval of his behaviour, or the steps he takes to end it or make amends. In such a case, the staff should identify with the child's super ego and approve of his efforts to change his behaviour.
But if a child swears or uses obscene expressions persistently outside the house, he should be brought back inside immediately. If he does the same thing on an outside trip, the staff must take the whole party back, leave the child at the house and set off again with the remainder of the group.

Defacing or damaging walls or furniture

Since a house can only take a certain amount of damage before becoming impossible to live in, such damage must be made an outside limit.
The staff should immediately stop a child who is defacing walls or damaging furniture, talk to him about what he is doing and help him clean up the mess or repair the damage. No alternatives and no penalties should be offered.

Bedtime

Eventually all children must go to bed. For the most part, bedtime problems can be handled as routines. A sensitive attention to the underlying factors in a child's protest about going to bed will usually give the staff member clues that make routine bedtime handling possible.
But in the rare instances where the bedtime routine fails to accomplish its purpose and the child refuses to get undressed or into bed, the staff person should undress the child with a minimum of fuss and put him to bed.

On grounds

The limits on where a child may go without permission will vary with individual cases but the children are expected to get permission if they wish to leave the grounds of the treatment unit. If a child strays outside his particular area without permission the staff must immediately bring him back and talk to him about his behaviour, but again, without penalties.

We now enter into a discussion of a control method we call 'anchor points'.

Anchor Points

'Anchor point' is the name I have given to a method of handling a child's repressed anger, or destructive or violent impulses, or a child's deviant behaviour, at times and in places selected by staff.

The concept of the anchor point has its origin in a common practice between parent and child in the family in nature. It can be observed functioning, to the stability of the family, in the interpersonal relationships between parents and children in any home in the community.

The name 'anchor point' is our own because this dynamic, to my knowledge, has never been described by students of the family. It was first recognised by us in the early 1950s when we were trying to learn from observations of families in the community the special kinds of communication that flow between parent and child to make life an easier and pleasanter experience for the child.

We noticed that in each family in the community there appeared to exist idiosyncrasies or areas of behaviour which were frowned upon or disapproved of by the adult when indulged in by the child: things like leaning back in the chair, putting elbows on the table, talking with one's mouth full of food, etc. The adult's attitudes towards these acts appeared to have persisted from the earliest childhood of the child. But, on first observation, it appeared that the child had not quite got the message, despite the frequent repetition, or that the parent had not been clear in expressing his disapproval, since these practices persisted up until the time the child left home, and on into the child's subsequent visits to the parental home.

On closer scrutiny, we had to accept the fact that the parent communicated his dislike of certain behaviour and the child perceived the attitude of the parent. This left us with the problem of explaining the purpose behind these rather peculiar communications.

For example, a 17-year old would come to the table; put an elbow alongside his plate and his mother would express immediate disapproval: "Please take your elbow off the table". At times the teenager would remove his elbow the moment the issue was broached by the parent. Sometimes he would leave his elbow on the table as if he hadn't heard, then his mother would either repeat the request more strongly, or drop the matter altogether. At other times, the teenager would react by placing his other elbow on the table, sometimes quite vigorously, and, again, sometimes the mother would increase the strength of her protest, other times ignore the behaviour.

We found that other families had these negotiable areas of behaviour and the response engendered by an infraction of the parental standards provided a variety of responses for both the parent and the child.

We assumed from these observations that this behaviour served to maintain a balanced relationship between parent and child by providing negotiable areas through which frustrations, criticisms and irritations could be safely expressed without lingering damage to the parent-child relationship.

Without going into further detail about the many implications of these phenomena, we called these areas ‘anchor points’ and designed our therapeutic family structure to contain these in sufficient number to compare with what could be found in an ordinary family in the community.
Anchor points tie a child in his acting out and in his emotional release, to an area that can safely take whatever pathology might reveal itself.

Anchor points are rules which have a basis in common sense, or good health practices, but which do not concern matters of life and death importance. Therefore they can be broken or defied without serious consequences. This makes the anchor point an extremely flexible treatment tool and it is in the flexibility of anchor points that their value lies.

Anchor points are negotiable areas around which a child can engage himself in life tasks and in testing his strengths, his relationships with authority people, his ability to stand by himself. They permit the expression of underlying angers, fears and frustrations in areas that are free for precisely this type of expression. They are areas in which the child can win – if he needs to win for the sake of his ego – even though he might be wrong as far as the issue is concerned.

If staff are wise in their use of anchor points, the handling of children around outside limits and daily routines will be minimal. This puts the staff in command of symptomatic expression of the child. Instead of waiting for outbursts laden with pathology to be triggered off from a child by chance events, the pathology is handled by staff, at times chosen by them, around issues that are strictly negotiable. This keeps the treatment milieu free from contamination.

Children break anchor points to check how observant staff are in noticing their activities, or as an invitation to staff to become involved with them on one level or another. Sometimes they just need the reassurance that there is an adult nearby who sees and intervenes when necessary and so makes life less precarious for the child.

If a staff fails to become involved when a child breaks an anchor point, the child will continue to invite involvement until the staff person is forced to handle

pathology around an outside limit or routine. This contaminates the treatment milieu because it forces the staff person into a situation where she must assert her will to the detriment of her relationship with the child, or the child's concept of her as a type of adult who id different from the adults with whom he has come into contact previously.

The most important things to remember when using anchor points is: keep the focus on the child and the child's needs, don't lose sight of your parental role; hang on to your sense of humour.

It should be remembered that, to be effective, the anchor point must have a semblance of truth and validity, if it doesn't, the adult cannot give substance to his parental function; but it must not be life essential, because if it is, the adult is not free to negotiate back and forth or retreat from his intervention.

Anchor points which are suitable to one group of staff might not be suitable to another, so the anchor points used must be reviewed and changed as the staff changes; and also reviewed when the treatment role of the therapeutic family changes as the children change.

Of course, it is obvious that the child must know that these prohibitions exist and that they are things the adult does not like the child to do at the times when, and in the places where they are prohibited. So one must begin by laying them on the line for the group, by telling the therapeutic family that these are the idiosyncrasies which are important to me, as an adult, and which I will expect you, as a child, to be aware of.
The following are a sample of some anchor points that have been used in the therapeutic family setting.

No smoking before breakfast

If a child asks a staff person for a light or walks by a staff person while smoking, before he has had breakfast, he is obviously inviting involvement. If the staff

person fails to intervene and remind the child he should not be smoking before breakfast, she is failing to take advantage of a treatment incident.

It might be that the child needs a chance – perhaps as one of the first events of the morning – to say “Go to hell” loudly and long to an adult who represents goodness-knows-what out of his past. He might need to perform an act of defiance first thing in the morning to serve as a primer for the day’s activities and mobilise a ‘sleepy’ ego.

As soon as the staff person notices the child is smoking, she should ask him: “Why are you smoking before you’ve had something to eat?” or “Have you had breakfast yet?” or say “You know you should not smoke before you’ve had something to eat”.

If, at this point, the child tells the staff he has had breakfast, the staff should know whether or not the child is telling the truth. The child could be lying in order to test how observant she is, or how much she really cares about his well-being. If the staff person does not know whether or not the child has had breakfast, she is not being observant and it is impossible to treat children if you do not observe them and know what is going on.

If the staff person knows that the child has not had breakfast, the child’s statement calls for further engagement. Now it’s not only “Why are you smoking before breakfast?” but also “Why did you tell me a lie?” The handling around this incident might go on for half an hour of wrangling during which time the staff person reiterates, at intervals, “Why are you smoking before you’ve had breakfast?” and the child goes through the range of his rage from denouncing the staff person as similar to all the terrible people with whom he has ever had dealings; to the pain he fees as an orphan; to mishandling he got from a foster mother seven years ago; to how much he disliked the food at camp last summer, when he didn’t feel safe enough to express his feelings about it.

The point at issue can become a general garbage dump of all the abuses the child has carried around with him for months and years. If she keeps her focus on the child and the incident that led to the present involvement, it is possible for

the staff person to permit all this to come out as though it were directed against her – as though the staff person was truly the object of all the child's wrath.

At this point the staff person does not have to correct the child, or insist he put out the cigarette. It is enough for her to remind the child, at intervals, that he should not smoke before he has had something to eat – but taking care that these reminders do not get in the way of the child's recitation of all the abuses he has suffered. In other words, the staff member, in handling the anchor point, is not expected to abruptly stop the behaviour.

It is important that she listen carefully because the child's outpouring is loaded with importance about his feelings, his experiences and how those experiences felt to him at the time they happened.

The staff person doesn't have to sit still to listen. She can listen while walking around, speaking to another child, doing all sorts of things essential to the functioning of the house but, periodically, she should come back and, in passing, engage herself with the child.

If the anchor point has been used well and, through it, the child is finding it possible to get a release and express his feelings of unfair treatment, etc., he will probably follow the staff person around the house, continuing his recitation of woe down in the basement, into the kitchen, wherever the staff person goes in fulfilling the tasks of the morning. During this time, he will either put out the cigarette or finish smoking it.

Wearing shoes or slippers

A rule that shoes or slippers should be worn at all times has a basis in hygiene and common sense. It is tied into the dangers of splinters and hookworm.

To use this anchor point effectively staff need to be aware of the medical justification for it. At the same time, staff must remember that this tie to reality is of secondary importance as far as the acting out of the child or the psychological

needs of the child are concerned and the rule can be safely ignored if ignoring it will have therapeutic meaning in their handling of the child.

At other times, it will be therapeutically beneficial for the child to have the staff person insist the rule is obeyed because, at this point, the child needs for his sense of safety and assertion of staff authority and control. This could be so, for example, at a time when the child's old system of self control is breaking down and he is in the process of learning new control techniques.

If a staff person sees a child coming downstairs without shoes or slippers, she should call out: "Say, how about your shoes?" or "You know you should have your shoes on down here".

The child's response will tell the staff member whether the incident needs following up and whether the child needs to have a chance to make a big issue out of wearing or not wearing shoes.

The staff person might assess that the child – without being aware of it himself – needs an opportunity to ventilate because pressures are building up inside him, or he is anticipating some frightening event, or his control system, for one reason or another, is threatened by an upsurge of impulsivity. In any of these instances it might be very important for the child to enjoy a sense of power and in the process of working it out, the staff person must evaluate the extent to which she must press the point to get the ventilation but still make it possible for the child to decide if and when he will put his shoes on.

To do this the staff person can take several approaches. She can say: "Well, I see why you haven't got your shoes on and I understand your reason, but I still think it would be a good idea for you to put them on before going into the other room." This gives the child an opportunity to successfully defy the adult by choosing not to go into the other room for a while.

The staff person can make it even easier for the child by saying: "I am going upstairs in a few minutes; I'll bring your shoes down and you can put them on

down here." Or "I can see why you wouldn't want to put on your shoes if it meant going back upstairs. I'll go and get them for you."
In each of the above instances the staff person is making it possible for the child to get his shoes on eventually, but to do so at his own will and discretion and with varying degrees of defiance and rebellion against the authority of the adult.

Personal appearance

From the treatment point of view it doesn't make the slightest difference how the child looks inside the house. Arbitrary standards of how the child should look and dress while inside the treatment centre should not be set. The child should be left free to express his feelings through his appearance as well as through his behaviour and his words. This is not only important therapeutically, but is of great importance diagnostically.
Of course personal appearance can be used to do all the things talked about in discussion of the other anchor points mentioned. But because staff usually have quite strong tastes or well-developed standards, it is easy for them to forget that in an anchor point the issue is always of secondary importance. What is important is allowing the child an opportunity to ventilate.

As far as the child's appearance is concerned, all sorts of underlying anxieties may be revealed and the end result may be that the child brushes his teeth, or combs his hair, but, in fact, ends up as messy as he was before the matter was brought up. If this occurs, then the child has naturally selected a personal appearance issue and is using personal appearance as an anchor point.

It is obvious, of course, that while community standards of personal appearance are not of great value within the treatment centre, they certainly are of great importance at times when the child extends himself into the community or receives visitors from the community.
The moment that happens it is necessary to set expectations of personal appearance that are consistent with the best possible self image for the child. This makes issues around personal appearance rather risky to use as anchor points. On the other hand, precisely because they are risky issues, if well

handled they can be profoundly useful in providing symptomatic expression at times and in places selected by staff.

Hanging up coats

It's easier to keep the house tidy and coats in good shape if children hang up their coats as they come in. But, again, it is not an issue of supreme importance.

If a child throws his coat over the nearest chair when he comes in, it would mean simply that he's impatient to begin the next activity, or it could mean he is inviting involvement from the staff.

The staff person has several choices open to her: she can leave the coat where it is without comment; hang up the coat without a word; hang it up while calling out "Why didn't you hang your coat up?"; or she can call the child back to hang up his coat.

The child has a variety or responses open to him, depending on what the staff person chooses to do. If she ignores the coat, she gives him an opportunity to hang it up later, at a time of his own choosing; if she hangs it up while telling him he should have done it, the child can call out "Sorry, I forgot", cheerfully, or in the martyred tone of one who must endure endless nagging.

If the staff person asks the child to come back and hang up the coat he can defy the adult by saying he'll do so in a few moments (At a time of his own choosing, in other words), by ignoring the request, or by openly refusing to comply; or he might seize the opportunity to ventilate all the anger and frustration that has been building up inside him during the school day and which he was not in a position to express before. And the handling can go on from there.

The therapeutic attitudes of staff can be tested by the degree to which staff can comfortably find it possible for a child to thwart her authority and 'win' over the staff member by defying the anchor point.

The anchor point is always a means to an end. The end is to provide the child with safe areas of acting out or testing his capacity to assert his will over the adult.

The greatest value of the anchor point lies in the control it gives staff over unacceptable behaviour and the ventilation of frustration and anger which otherwise would probably get the child into trouble because he is unable to control the time or place of the outburst.
Once the staff member has control over these areas, there is no reason why the child cannot be treated in an open setting in the community with all the benefits that such a setting provides for the child.